

• Medical Plan Comparison Chart

UPEC
Plan Year 2011

Medical Plans Comparison Chart

	CalPERS Blue Shield Net Value HMO-** CalPERS Blue Shield HMO*	CalPERS Kaiser HMO*	PEBT Kaiser HMO	PEBT HealthNet HMO	PEBT PacifiCare HMO	CalPERS Select PPO – ** CalPERS PERSChoice PPO*		CalPERS PERSCare PPO*		PEBT PPO	
						In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar Year Deductible	None	None	None	None	None	\$500 individual \$1,000 family		\$500 individual \$1,000 family		\$500 individual \$1,500 family	
Out-Of-Pocket Maximum	\$ 1,500 individual \$3,000 family	\$ 1,500 individual \$3,000 family	None	None	None	\$3,000 individual \$6,000 family	None	\$2,000 individual \$4,000 family	None	\$4,000 individual	\$6,000 individual
Lifetime Maximum	None	none	Unlimited	Unlimited	Unlimited			None		\$5,000,000	
Physician Office Visits	\$15 co-pay/visit	\$15 co-pay/visit	\$10 co-pay/visit	\$10 co-pay/visit	\$10 co-pay/visit	\$20 co-pay/visit	You pay 40%	\$20 co-pay/visit	You pay 40%	\$20 co-pay/visit (deductible waived)	You pay 40%
Diagnostic Lab & X-Ray	No charge	No charge (Some procedures may require a co-pay)	No charge	No charge	No charge	You pay 20%	You pay 40%	You pay 10%	You pay 40%	You pay 80% after deductible	You pay 40% after deductible
Annual Physical Exams	No charge	No charge	\$10 co-pay/exam	\$10 co-pay/exam	\$10 co-pay/exam	No charge	You pay 40%	No charge	You pay 40%	\$20 co-pay/visit (through age 16)	Not covered
Well Baby Care	No charge	No charge	No charge (up to age 2)	\$10 co-pay/visit	No charge (up to age 2)	No charge	You pay 40%	No charge	You pay 40%	\$20 co-pay/visit	Not covered
Emergency Room	\$50 co-pay/visit; waived if admitted	\$50 co-pay/visit; waived if admitted	\$50 co-pay/visit; waived if admitted	\$50 co-pay/visit; waived if admitted	\$50 co-pay/visit; waived if admitted	You pay 20% after \$50 deductible; waived if admitted	You pay 20% after \$50 deductible; waived if admitted	You pay 10% after \$50 deductible; waived if admitted	You pay 10% after \$50 deductible; waived if admitted	\$100 co-pay (if admitted, 20% after deductible)	\$100 co-pay (if admitted, 20% after deductible)
Hospital Services	No charge	No charge	No charge	No charge	No charge	You pay 20%	You pay 40%	You pay 10% (\$250/ admission inpatient facility deductible)	You pay 40% (\$250/ admission inpatient facility deductible)	You pay 20% after deductible	You pay 40% after deductible; \$600 max. allowable each day
Prescription Generic Brand Non-formulary	30-day supply 1 \$5 co-pay \$15 co-pay \$45 co-pay (\$30 if medically necessary)	30-day supply \$5 co-pay \$15 co-pay N/A	100-day supply \$10 co-pay \$15 co-pay	30-day supply \$10 co-pay \$15 co-pay \$35 co-pay	30-day supply \$10 co-pay \$20 co-pay \$40 co-pay	30-day supply 12 \$5 co-pay \$15 co-pay \$45 co-pay (\$30 if medically necessary)	\$30-day supply 12 \$5 co-pay \$15 co-pay \$45 co-pay (\$30 if medically necessary)	34-day supply 12 \$5 co-pay \$15 co-pay \$45 co-pay (\$30 if medically necessary)	34-day supply 12 \$5 co-pay \$15 co-pay \$45 co-pay (\$30 if medically necessary)	30-day supply \$10 co-pay \$15 co-pay 50% co-pay	30-day supply \$10 co-pay plus 50% \$15 co-pay plus 50% \$15 co-pay plus 50%
Mental Health Inpatient	Due to the Healthcare Reform Law, please see the Evidence of Coverage (EOC).		No charge	No charge	No charge						
Outpatient			\$10 co-pay/visit	\$10 co-pay/visit	Due to the Healthcare Reform Law, please see the Evidence of Coverage (EOC). \$10 co-pay/visit; up to 30 visits/ cal. year						f Coverage (EOC).
Substance Abuse											
Inpatient	No charge	No charge	No charge	No charge	No charge	You pay 20%	You pay 40%	You pay 10%	You pay 40%	See Evidence of Coverage (EOC).	
Outpatient	\$10 co-pay/visit; up to 20 visits/ cal. yr.	\$10 individual \$5 group therapy	\$10 co-pay/visit	\$10 co-pay/visit	No charge	You pay 20%	You pay 40%	You pay 10%	You pay 40%		

¹Implementation of specialty & biotech drug management, education & compliance programs for the following: Asthma, Rheumatoid arthritis, Multiple sclerosis, Cancer treatment/blood modifying agents, Hepatitis C, Psoriasis & Growth hormones. Implementation of promotion of over-the-counter (OTC) drugs when available.

² Mandatory mail service for maintenance drugs. Mail Service would be mandatory after the 2nd fill of Rx at retail pharmacy OR Member will be charged the appropriate mail service co-pay for a one month supply at retail. *PERS eligible UPEC members only.

^{**} These benefit summaries only highlight your benefits. They are not summary plan descriptions (SPDs). If any discrepancy exists between this summary and the official documents, the office documents will prevail.

^{**} Smaller network of high performance providers.